

**Application or Docket Number** 

10/519159 Effective December 8, 2004

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |   |  |                                   |  |                                   |   | SMALL ENTITY TYPE   |                        | OR | OTHER THAN SMALL ENTITY    |                        |
|--|---|---|--|-----------------------------------|--|-----------------------------------|---|---------------------|------------------------|----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES                       |   |   |  |                                   |  |                                   | 1 | RATE                | FEE                    | 1  | RATE                       | FEE                    |
| BASIC FEE                                      |   |   | SMALL ENT. = \$ 150  |                                   | LARGE ENT. = \$ 300                    |                                   |   | BASIC FEE           |                        | OR | BASIC FEE                  | 2 6)                   |
| EXAMINATION FEE                                |   |   | Satisfies PCT A  |                                   | All other situations = \$ 100 / \$ 200 |                                   |   | EXAM. FEE           |                        | l  | EXAM. FEE                  | 30)<br>Iw              |
| SEARCH FEE                                     |   |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   | All of                                 | ther situations = \$ 250 / \$ 500 |   | SEARCH FEE          |                        |    | SEARCH FEE                 | 50P                    |
| FEE FOR EXTRA SPEC. PGS.                       |   |   | minus 100 =  |                                   |  | / 50 =                            |   | X \$ 125 =          |                        | •  | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS                        |   |   | 18 min   | nus 20 =                          | *                                      | 58                                |   | X \$ 25 =           |                        | OR | X \$ 50 =                  | 2900                   |
| INDEPENDENT CLAIMS                             |   |   | <i>¥</i> m   | ninus 3 =                         |  | 1                                 |   | X \$ 100 =          |                        | OR | X \$ 200 =                 | 200                    |
| MUL  | TIPLE DEPEN   | DENT CLAIM PRE                            | SENT   | V                                 | 45                                     | V                                 |   | + \$ 180 =          |                        | OR | + \$ 360 =                 | 360                    |
| * If   | the difference  | in column 1 is l                          | ess than zero  | , enter C                         | )" in co                               | olumn 2                           | ' | TOTAL               |                        | OR | TOTAL                      | 4360                   |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |  |                                   |  |                                   |   | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIC<br>PAID     | BER<br>DUSLY                           | PRESENT<br>EXTRA                  |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus  | **                                |  | =                                 |   | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|  | independent   | *   | Minus  | ***                               |  | =                                 |   | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |  |                                   |  |                                   |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|  |   |   |  |                                   |  |                                   |   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.               |                        |
| (Column 1) (Column 2) (Column 3)               |   |   |  |                                   |  |                                   |   |                     |                        |    |                            |                        |
| S  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHI<br>NUME<br>PREVIO<br>PAID ( | BER<br>DUSLY                           | PRESENT<br>EXTRA                  |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus  | **                                |  | = .                               | ı | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|  | Independent   | *   | Minus  | ***                               | _                                      | =                                 |   | X \$ 100 =          | _                      | OR | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |  |                                   |  |                                   |   | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|  |   |   |  |                                   |  |                                   | • | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
|  |   |   |  |                                   |  |                                   |   |                     |                        |    |                            |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS, SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.